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THE

MONTREAL MEDICAL GAZETTE,

BEING

A Monthly Journal of Medicine,

AND

THE COLLATERAL SCIENCES.

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

VOL. I. MONTREAL, JULY 1, 1844. No. 4.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—I am again desirous of transferring to the columns of your journal, a further portion of Major Tullock's valuable statistics ; although my present subject may not be so interesting to the Medical Profession in Canada generally, as my former communication, which had for its object a comparison of the salubrity of our climate with respect to that of others, most of which have heretofore (without sufficient grounds) been deemed more healthful. I have no doubt, however, that the scientific part of your readers will find much to interest them in the following extracts, which I have gleaned, and condensed for their perusal. The limits to which I must necessarily restrict myself, in order to suit this communication to the pages of the *Medical Gazette*, while the still more cogent necessity exists, of rendering it as intelligible as in my power, obliges me to use the greatest brevity of language ; I shall therefore, without further explanation, commit to your hands the following abrégé :

The Windward and Leeward "command," comprises that portion of the South American continent, termed British Guiana, with the islands of Trinidad, Tobago, Grenada, St. Vincents, Barbadoes, St. Lucia, Dominica, Antigua, Montserrat, and St. Kit's, with Nevis and Tortola. These Islands extend from 6 to 17 deg. N. lat. and from 56 to 63 deg. W. long. The Islands of Trinidad, Tobago, St. Lucia and Dominica, are extremely mountainous, and covered with dense forests, being intersected with deep and narrow ravines, impervious to the breeze, and, in which, the rain water, finding no vent, stagnates among a mass of vegetation, creat-

ing a moist soil, with a damp climate, and variable temperature. Antigua and Barbadoes are comparatively low, barren and rocky, with a scanty soil, and but little exuberant vegetation, a dry climate and equable temperature. The other Islands possess a kind of intermediate character in these respects, while the coast of British Guiana is an immense level tract, covered with forest, being elevated only a few feet above the level of the sea ; and during the rainy season, is an endless succession of swamps and marshes, with an extremely humid atmosphere, although not so variable in temperature, as some of the Islands referred to. In consequence of the proximity of these regions to the equator, the climate is necessarily characterized by a high and an equal temperature, throughout the whole year ; which in the greatest extreme does not vary more than a few degrees. Another great peculiarity of climate is the large quantity of rain that falls at two distinct and established seasons of the year, being on an average three times as much as in Great Britain; and which, pouring down in torrents, soon deluges the country, unless where it falls on a very dry and absorbent soil ; or where there is a free drainage. The period of the rainy season varies according to the proximity of the settlement to the equator. In Guiana, (the most southerly,) the spring rains generally continue from December to January, the autumnal from May to August, while in the most northerly of these settlements, the former does not commence till April or May, and the latter extends from October to December. In most of the Islands there is scarcely any deposit of dew. The extreme heat is much modified by an uniform and steady breeze, which blows for about nine months of the year, daily from the sea, and in the larger and mountainous Islands it blows with almost equal regularity during the night, from land towards the sea : these winds are therefore termed the "land and sea breezes ;" during September, October and November, the winds, which are uncertain, and frequently interrupted by calms, blow from an opposite quarter to the former noticed "Trade winds." During this period hurricanes are frequent, from whence it is termed the "hurricane season." During the rainy season thunder storms are of frequent occurrence.

An inspection of the following table will shew the thermometrical range in the several stations :

TABLE—Shewing the mean monthly range of the Thermometer on the average of five years, at the respective stations.

| | | BRITISH GUIANA. | | |

TABLE

Shewing the principal diseases among the white Troops in the several undermentioned stations, with the mortality.

	The whole of the Windward and Leeward command—Aggregate strength for the whole period, 86,661; average annual strength, 4,333.				Brit. Guiana. Aggregate strength, 17,689; average annual strength, 884.		Trinidad. Aggregate strength, 6,197; average annual strength, 316.		Tobago. Aggregate strength, 3,402; average annual strength, 170.		Grenada. Aggregate strength, 6,267; average annual strength, 313.		St. Vincent. Aggregate strength, 7,432; average annual strength, 372.		Barbadoes. Aggregate strength 23,936; average annual strength 1197		St. Lucia. Aggregate strength, 4,814; average annual strength, 241.		Dominica. Aggregate strength, 4,723; average annual strength, 236.		Antigua and Montserrat Aggregate strength, 8,062; average annual strength, 403.		St. Kitts, Nevis & Tortola Aggregate strength, 5,800; average annual strength, 290.	
	Total admissions among the whole force for 20 years.	Annual ratio per thousand of mean strength	Total deaths among the whole force for 20 years.	Annual ratio per thousand of mean strength	Total deaths for 20 years.	Ratio of deaths annually ℔ 1000	Total deaths for 20 years.	Ratio of deaths annually ℔ 1000	Total deaths for 20 years.	Ratio of deaths annually ℔ 1000	Total deaths for 20 years.	Ratio of deaths annually ℔ 1000	Total deaths for 20 years.	Ratio of deaths annually ℔ 1000	Total deaths for 20 years.	Ratio of deaths annually ℔ 1000	Total deaths for 20 years.	Ratio of deaths annually ℔ 1000	Total deaths for 20 years.	Ratio of deaths annually ℔ 1000	Total deaths for 20 years.	Ratio of deaths annually ℔ 1000	Total deaths for 20 years.	Ratio of deaths annually ℔ 1000
All kinds of fevers,	62163	10 717	3195	10 36.9	1047	59.2	382	61.6	354	104.1	165	26.3	83	11.2	282	11.8	304	63.1	233	49.3	120	14.9	244	42.1
Eruptive diseases,	13	0.2	1	"	"	"	"	"	"	"	"	"	2	0.3	"	"	"	"	"	"	"	"	"	"
Dis. of the lungs,	9975	115	906	10.4	112	6.4	71	11.5	37	11.0	41	6.6	78	10.5	379	15.8	60	12.5	39	8.3	73	9.0	55	9.5
Do. of the liver, ...	1946	22	161	1.8	19	1.0	7	1.1	7	2.0	28	4.5	12	1.6	34	1.4	5	1.0	8	1.7	23	2.8	13	2.2
Do. of the stomach and bowels	36474	421	1795	20.7	157	8.9	111	17 9	82	24.0	101	16.1	150	24.2	498	20.8	189	39.3	332	70.3	74	9.2	60	10.3
Do. of the brain,...	2417	28	312	3.7	77	4.4	29	4.7	17	5.0	29	4.6	21	2.8	80	3.3	21	4.3	25	5.3	15	1.9	16	2.8
Dropsies,.....	659	7.8	180	2.1	22	1.2	48	7.7	12	335	5	0.8	12	1.6	58	2.4	9	2.0	3	0.7	11	1.4	5	0.9
Rheumatism,.....	4202	49	17																					
Venereal,.....	3043	35	6																					
Abscesses & Ulcers	17708	204	18																					
Wounds & injuries	11149	129	60	2.9	51	2.9	11	1.8	11	3.2	18	2.9	20	2.7	70	3.0	3	0.6	9	1.8	11	1.4	19	3.2
Diseases of the eyes	7686	80	4																					
Do. of the skin	559	6	1																					
All other diseases,	6911	88	147																					
Total,.....	164935	1903	6803	78.5	1485	84 0	659	106 3	520	152.8	387	61.8	408	54.9	1401	58.5	591	122.8	649	137.4	327	40 6	412	71.0
Annual average of deaths,.....	...	...	340	...	74	...	33	...	26	...	19	...	20	...	70	...	30	...	32	...	16	...	21	...

From which it will appear that the principal cause of sickness and death was by fever, under which head the several forms exhibited in the following Return are included :

TABLE—Shewing the several varieties of Fever included in the foregoing return under the general term Fevers, together with the several admissions and deaths in the Windward and Leeward Command, for 20 years.

	Admitted.	*Died.*	*Proportion of deaths to admissions.*
Quotidian Intermittent,.....	24607	149	1 in 165
Tertian ditto, ...	1973	11	1 in 179
Quartan ditto, ...	133	1	1 in 133
Remittent,.....	17799	1966	1 in 9
Common Continued,.....	16821	726	1 in 23
Yellow,.....	774	331	1 in 2½
Typhus,.....	48	11	1 in 4½
Synochus,.....	8	"	0 in 8
Total,.....	62163	3195	1 in 20
Annual rates per 1000 mean strength,	717	36 9-20	

The cases of intermittent fever principally occurred in Demerara and Berbice, where the numbers attacked annually, often equal the whole force of the colony. This class of disease is also common in Trinidad, owing to the vicinity of the marshes. In the other stations it is extremely rare. The fevers denominated " Icterodes" appear to have been an extremely fatal fever, of the remittent kind ; one half of the cases ending fatally; for some years fevers of the malignant type have been principally confined to Tobago, St. Lucia, Dominica and Guiana.

The proportion of deaths to admission of common continued fever is 1 in 23, while in the United Kingdom it is but 1 in 78.

The proportion of admissions from diseases of the lungs, is lower than in Great Britain, while the ratio of mortality is much higher; nearly 10½ per 1000 of the strength being cut off annually, whereas in Britain the proportion is about 8½ per 1000. This great mortality principally arises from phthisis pulmonalis, the attacks from which amount to about 12 per thousand, of the strength. In the same manner inflammation of the lungs, and chronic catarrh, are nearly twice as fatal as in Britain.

Diseases of the liver are by no means as common in this command as in the tropical regions of the eastern hemisphere; they are however nearly thrice as prevalent as among the troops in the United Kingdom, and occasion about five times as high a rate of mortality. The rate of prevalence and severity varies at the different stations; at Gre-

nada the mortality is about three times higher than at most of the other Islands, without any assignable cause.

Diseases of the stomach and bowels are a most fertile source of sickness and mortality amongst the "white troops," the proportion attacked annually amounting to 421 per 1000, whereas in Great Britain it is only about 95 per 1000 of the strength, and is seldom attended by a higher mortality than 1 in 2000 of the strength, while in this command the mortality amounts to 21 per 1000, being upwards of forty times a higher rate than among the troops at "Home," the principal cause being chronic dysentery and diarrhœa.

Diseases of the brain are a very prevalent and fatal class, more than one half of the admissions and fatal cases arising from delirium tremens, the direct consequence of intemperance.

TABLE—Shewing the influence of the seasons on sickness and mortality among the Troops in the several stations, for a period of 19 years.

	BRITISH GUIANA, INCLUDING DEMERARA AND BERBICE.		GRENADA.		ST. VINCENTS.		BARBADOES.		ST. LUCIA.		DOMINICA.		ANTIGUA AND MONTSERRAT.		ST. KITTS, NEVIS, AND TORTOLA.	
	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.	Total admissions for the several mths.	Total deaths.
19 Januarys,....	2899	97	785	25	819	32	3366	124	1202	75	641	38	1000	56	861	52
19 Februarys,...	2936	86	780	22	893	24	3385	115	1200	77	533	28	1009	46	709	22
19 Marches,.....	2743	81	773	22	877	41	3410	116	1163	61	624	41	925	36	646	26
19 Aprils,.....	2601	73	819	14	908	31	3895	91	1245	66	682	34	941	36	765	20
19 Mays,.....	2758	59	817	20	1029	29	4389	141	1402	91	606	22	911	26	868	30
19 Junes,.....	3174	103	789	23	1027	38	4202	139	1295	66	809	29	954	23	844	42
19 Julys,.....	4248	130	780	19	971	29	4177	133	1382	62	926	39	990	26	796	30
19 Augusts,.....	4730	177	769	27	807	33	4041	131	1337	59	773	69	945	25	809	28
19 Septembers,	4536	155	880	52	716	37	3599	132	1259	55	782	51	958	30	818	30
19 Octobers,....	4006	113	718	37	673	25	3492	160	1078	68	733	75	985	49	799	55
19 Novembers,	3357	76	747	32	661	23	3298	178	1185	56	716	91	941	46	809	56
19 Decembers,	3086	67	729	20	677	16	3137	129	1174	84	598	45	845	35	764	41
Total,.....	41094	1267	9336	313	10049	358	44281	1569	14936	820	8426	562	11455	426	9479	435

To enable the reader to become more fully acquainted with the diseases and climate of the West Indies than could be obtained by an inspection of the tables, I shall add a few brief remarks on the topography of this command.

British Guiana lat. 6 deg. 10 min. N. long., 56 deg. to 60 W. comprehends the settlements on the rivers Epequibo, Demerara and Berbice, extending about 200 miles from E. to W. along the shores of the North American continent, and from 200 to 300 miles into the interior. The soil is alluvial, immense quantities of which are annually brought down by the rivers, so much so, that within the last century, the land is said to have encroached 3 or 4 miles on the sea. It forms one vast flat, which is generally covered by a dense forest, or with rank grass, of gigantic height. The land nearest the sea being generally somewhat higher than it is in land, favours the accumulation of water, during the rainy seasons, by which means large tracts of the country are occasionally inundated, and evaporation being prevented by the denseness of the forest, there is a stagnation of water and decay of vegetable matter, which gives rise to noxious exhalations. The climate is very moist, nearly six times as much rain falling annually as in Great Britain; the rainy seasons being in general confined to September and October, and from May or June to August. During the latter period the "trade winds" blow over a tract of swampy ground, and are in consequence loaded with unwholesome vapour.

Berbice, the most southerly portion of our West India possessions, lies so low, that were it not for the numerous *dams* it would be completely inundated by the tide. From this circumstance it is easily understood why intermittent fever should so constantly prevail in this portion of the West Indies.

Remittent or yellow fever is the principal cause of the mortality of this "command," 10 per cent occasionally falling victims to its influence; while no peculiarity of climate, season or locality, could be attributed as causes influencing the unusual mortality. Diseases of the bowels are less prevalent and fatal than in the other West India stations, while those of the head are the reverse, from the facilities of indulgence in drunkenness, which is followed as a frequent consequence by delirium tremens.

The island of Trinidad lies in lat. 9 deg. 30 min. to 10 deg. 51 min. N. long., 60 deg. 30 min. to 61 deg. 20 min. W.—is separated from the American continent by a narrow strait of 12 miles; it is 70 miles long by 50 broad, is generally irregular over its surface, and in some parts mountainous, rising occasionally to the height of 3,000 feet above the level of the sea; these are all clothed with forest trees to the very summits; several streams flow through the island, the greater part

of the interior of which is uncultivated and marshy, and very unhealthy. The quantity of rain which falls is not so great as in Guiana; an epidemic fever occurred here in 1818, which cut off one third of the population; it broke out during the dry season, and was not in any way interrupted or interfered with by the rainy season which followed; neither did the seasons appear to have any influence on the several other epidemics which have at different times prevailed at this Island. The "healthy and unhealthy seasons" are by no means so distinctly marked here as in Guiana. Dropsy proved very fatal in 1817 and 1818.

Tobago, in lat. 11 deg. 16 min. N. long 60 deg. 30 min. W., lies close to Trinidad, its western extremity being distant only 8 miles; it is 32 miles long, by 12 broad, and is extremely rugged and mountainous towards the north, and also in the eastern district; cultivation is confined to a small portion of the low lands on the south side of the island; the greater part of the interior is in a state of nature, the high ground being covered with forests, the deep ravines choked with vegetation, and the narrow valleys generally of a marshy character; the climate and seasons are much like Trinidad. It has generally proved very unhealthy to the white troops (notwithstanding that the barracks are situated on an elevated situation; and on some occasions they have suffered from extraordinary visitations of mortality. The great cause being fever of so malignant a type, as to leave those attacked scarcely a prospect of recovery: more than thrice as large a proportion dies from diseases of this class, as throughout the average of the whole of the other stations. In the command in 1820, out of a detachment of 146, only 8 escaped the yellow fever, and 100 died. On another occasion out of 63 white inhabitants only 2 recovered. During the year 1836 upwards of a fourth of the whole force of white troops was carried off by bowel affections, diseases which never before occasioned a similar mortality there. The mortality by fever and dropsies is about double the usual ratio, while diseases of the lungs are rare, and seldom fatal. Formerly this island enjoyed a character for salubrity, and invalids were in consequence sent to it from Trinidad, for the recovery of their health: latterly, however, its character is quite the reverse.

Grenada, in lat. 11 deg. 58 min. to 12 deg. 20 min. N., long 61 deg. 20 min. to 61 deg. 35 min. W., is 25 miles long by 12 miles broad; it lies 60 miles to the north of Tobago, an irregular lofty range of mountains rising to the height of more than 3,000 feet, runs throughout its whole length; others of a lesser height stretch off laterally, forming between them a succession of rich and extensive valleys, which terminate near the coast, in level alluvial plains. There is a considerable extent of swampy ground, in the neighbourhood of which severe

fevers occur, but the troops are not quartered in this part of the island. The highlands are neither so overgrown with vegetation, nor so inaccessible as those of Tobago; the valleys are open, and mostly under cultivation. The seasons are much the same as at Trinidad, a great quantity of rain falls, which does not lodge, and stagnate ; a variety of temperature exists according to the elevation; a few hundred feet affecting the thermometer several degrees. The climate is more favorable to the troops, than the general average of the whole command ; fevers and diseases of the lungs being considerably under the usual ratio; occasionally, however, this island has suffered severely from the ravages of fever. In 1816 it broke out in the healthy season, and cut off 10 per cent of the white troops ; in 1818 the same ratio of mortality occurred, from a similar epidemic; in 1794 a most fatal epidemic of yellow fever prevailed, from which very few escaped. Here, though the extent of cultivation, or other physical peculiarities of Grenada, may tend to render this disease of less frequent occurrence, than in other colonies, there are periods when these supposed sources of salubrity prove of no avail, in procuring immunity from its ravages.

Disease of the Liver is a source of great mortality among the troops, being nearly thrice as high as at other stations in the command, a peculiarity which cannot be accounted for. The influence of seasons on sickness or mortality is by no means well marked.

St. Vincent in lat. 30 deg. 10 min. N. long 60 deg. 37 min. W., lies about 70 miles North East of Grenada; it is 18 miles long, by 11 broad; its centre is occupied by a lofty range of mountains, which are in some parts 4,000 feet high, with a considerable extent of fertile lowlands on either side ; this island is of volcanic origin ; the mountains are clothed from the base to the summit, with immense forest trees ; there is, however, but little brushwood, and ventilation is not impeded. There is but little swamp, and a general healthy character prevails throughout the island. It is also well watered by numerous rivulets ; and about one third is under cultivation. Owing to the great height of the wooded mountains, the atmosphere is generally humid and rain is common during most part of the year. The mortality in this island appears to be owing to bowel affections, but many of the cases which terminated fatally, originated in the other islands. The low rate of mortality from fever is remarkable. St. Vincent is one of the healthiest of the West India Islands.

Barbadoes lies in lat. 13 deg. 5 min. N., long. 59 deg. 41 min. W. and is about 60 miles East of St. Vincent, 22 miles in length, by 14 in breadth ; its appearance from sea is arid and rocky ; the mountains which in some parts rise to the height of 1,100 feet, are naked and barren, unlike the general features of the other islands. The soil is

generally scanty, light and absorbent, soon dry after the harvest rains, and is generally under cultivation. There is only one marshy spot of any extent, which is about three miles to the windward of the garrison, and which is generally overflowed by the tide, and does not appear to exercise any prejudicial influence on the health of the troops; the barracks are on an elevation in the vicinity of Bridgtown, and well situated; the climate is like that of St. Vincent's, except that the quantity of rain is less, and there is very little dew, or humidity in the atmosphere, and owing to the flat and open nature of the country, the influence of the sea breezes is felt throughout the whole island; and although the thermometer does not indicate a low grade of temperature, the heat is not so much felt, as in the other islands. The principal causes of mortality are diseases of the lungs and bowels. The deaths from the former are considerably above the average of what prevails in the other islands; but this may in some way be accounted for, by invalids being sent here from the other stations, previously to their embarkation from England; many of whom die here, and thereby increase the apparent mortality. The low rate of mortality from fever is a striking feature in the diseases of the white troops in this island, which since 1822 appears to be not even as high as in the Mediterranean; occasionally, however, the fever is of a most malignant type, and on two of these occasions the weather was at the time cool and pleasant, and with but little rain; no atmospherical changes seemed to produce the slightest influence on the disease.

St. Lucia, in lat. 13 deg. 50. min. N. long. 60 deg. 58 min. W., extends nearly 32 miles in length and 12 in breadth, and lies about 40 miles north of St. Vincent. The island is divided naturally into two districts, Basseterre, and Capisterre. The former is low, and in some degree under cultivation, abounding in swamps and marshes; the latter consists of a succession of abrupt picturesque mountains, which are covered to the summits with forest trees, and dense underwood, and intersected by numerous narrow ravines, choked up with decaying vegetation in every degree of decomposition, replete with moisture, and without ventilization. The climate is characterized by its extreme moisture and variableness, rain being often incessant for several months, and generally prevailing for three fourths of the year. In some years, however, the fall is scanty. For about three months from Christmas, the weather is cool and pleasant; during the hot season, the thermometer frequently indicates a variation of 10 or 12 degrees in the course of a few hours. The spire-like mountains, wooded to the top, attract any moisture floating in the atmosphere, and are generally enveloped in clouds, which on any change of temperature or wind, descend in torrents of rain. The water accumulates in the ravines and

low grounds, and being shaded from the sun, by the dense mass of vegetation, gives rise to thick mists and exhalations, causing damp and chilliness during the night. The troops are stationed on a summit of a very steep hill, called Morne Fortuné, about 850 feet above the level of the sea; and about a mile and a half from the town of Castries; in the neighbourhood of which there are numerous swamps. and which is also surrounded by densely wooded mountains, a part of the troops are stationed at Pigeon Island, a few miles distant from the harbour of St. Lucia; this island is only half a mile long by one quarter broad, is of a conical shape, which is covered with trees and shrubs, it has generally been used as a convalescent post, but on several occasions it has been very unhealthy, nearly half the small detachment, being cut off by dysentery, and during these occasions the sickness appeared to be confined to this island. St. Lucia has always been noted for its extreme insalubrity, particularly arising from fevers, and diseases of the bowels, the average mortality from these diseases being double the average of the whole Windward and Leeward command. The greatest extent of sickness occurs in April and September, but the principal mortality in December, January and February, during which period cool dry weather generally prevails. The months from August to November have been less fatal to the troops; though at several of the other stations they have exhibited quite the reverse character.

Dominica, lat. 15 deg. 25 min. N.; long. 61 deg. 15 min. W. is about 29 miles in length and 16 in breadth, and lies about 100 miles North of St. Lucia, which it much resembles in physical aspect, the interior being composed of a bold range of rugged mountains, rising to the height of more than 5,000 feet, and intersected by deep ravines and valleys, the whole clothed with a dense vegetation of forest trees and shrubs, except in a few spots, which are under cultivation. It is apparently of volcanic origin, and is watered by a number of large rivers and smaller streams.

The climate differs little from that of St. Lucia, except that the rainy season is later, the variations in temperature, in like manner are sudden and great, although the mean does not exceed that of the other islands; the minimum, however, is considerably below any of them.

The troops are stationed on a table rock 450 feet above the sea, called Morne Bruce, which overlooks the town of Roseau; at its foot there is a swamp; for some time troops were stationed at Prince Rupert's Bay, 25 miles from Roseau, which proved so unhealthy that it was abandoned, although of great consequence as a strong military post; almost every white soldier stationed there died. The proportion of deaths by diseases of the bowels is very great, being more than by

all the other diseases put together; and this is constantly the case, although there is no appreciable peculiarity to account for it. The mortality by fever too is above the average of the other islands, but this is chiefly owing to two fatal epidemics, at which times the meteorological phenomena evinced nothing remarkable or unusual which could in any way explain the severity of the attacks. One of these epidemics commenced in June, the other in September.

There is nothing particularly remarkable in the topographical characters of the other islands, nor so peculiar in the diseases, as to induce me to trespass further on your pages.

From an inspection of the table it appears, that different islands are remarkable for a liability to certain diseases, as Tobago for fever, Dominica for diseases of the bowels and of the brain, Barbadoes for those of the lungs, while Trinidad is noted for dropsies. I must now conclude this communication, having already exceeded the limits I purposed confining it to.

I am,

Gentlemen,

Your obedient Servant,

JAMES CRAWFORD, M. D.

St. James Place, June 15, 1844.

DR. C. CARTER, ON LUMBAR ABSCESS.

Continued from Page 73.

Under the denomination of cellular membrane are comprised two distinct tissues—cellular membrane, properly so called, and the contained animal oil, fatty, adipose, tissue. It is freely supplied with absorbent and exhalent vessels, as well as blood vessels, but with few nerves. In consequence of this no pain is felt when it is torn or cut: it becomes, however, sensitive when attacked by inflammation, and the pain is more or less acute in proportion to the activity of the inflammation and its situation; if bounded by unyielding structure, it is exceedingly severe (as evidenced in common whitlow) and often attended by constitutional disturbance; but on the contrary, if occurring in cavities among loose cellular membrane, and bounded by soft and muscular parts, the pain and disturbance are so slight, as frequently to occasion but little inconvenience; hence the importance of a thorough investigation into all symptoms which have any obscurity attending them, and hence also, the grave mistakes, which unfortunately, have been too frequently committed by more than one medical man (and even by such a man as Dr. Elliotson) in attributing symptoms, which did not at first admit a ready explanation, to the vague and uncertain causes of cold, neuralgia or

rheumatism. These observations forcibly apply to those engorgements and abscesses, arising in the right iliac fossa, which for a long time were imperfectly understood, and frequently attributed to a different cause from what is now proved to be their real origin. In fatal cases of this disease, it has generally been discovered, on *post mortem* examinations, that ulceration or disease of the vertebrae existed, and instead of this phenomenon being looked upon as the consequence it has too often been mistaken for the cause of the disease. It were better for suffering humanity that sounder pathological views were entertained by the Profession.

Under some circumstances, these abscesses arise from caries of the spine itself, and the source of the disease may not unfrequently be at a distance from the focus of the purulent collection; these cases are comparatively rare ; the symptoms which characterise them are also different, the constutional disturbance much greater, and though they do not necessarily prove fatal, they are certainly more dangerous, and perhaps generally unfortunate. Notwithstanding that disease of the spine occasionally gives rise to abscess, it is frequently unaccompanied by this complication, and Sir Benjamin Brodie, in treating of this subject, says : "It is astonishing "to what extent ulceration of the bodies of the vertebrae will go without "abscesses being formed. I knew one case in which the vertebrae wer e "nearly dislocated from disease of the bones, and yet no abscess formed. "I knew another patient whose neck was absolutely twisted, and he "recovered with the twisted neck, and yet there was no abscess."

The most favourable, and, under proper treatment, the most frequent termination, of these abscesses, is resolution. It will be the aim, therefore, of every scientific practitioner, to bring about this happy result, which in almost every instance will be attained, if the disease be detected before it is too late. Dupuytren, our great authority on this subject, says : "The progress and termination of these tumours "are not always uniform. The most favourable and most common is "resolution. Of 16 cases M. Meinière found 11 to end in this manner "under suitable treatment." Again : "The prognosis is not in gen- "eral bad, since in sixteen cases, there was only one death. Obvious "symptoms indicate a speedy cure. When on the contrary the acci- "dents persist, when the tumour increases despite of the means employ- "ed, when it becomes the seat of fluctuation, first obscure, then more "apparent, and of pulsations with excruciating pain, in this case we "must expect to see the pus rejected by the anus. Here again the "prognosis is not unfavourable, since experience has shown the cure to "be no less perfect here than in resolution simply."

The first enquiry must be directed to discover the original cause of

the disease ; if owing, as in Miss D.'s case, to an accumulation in the cœcum, the obvious treatment must be at once adopted; indeed it will scarcely be possible to pronounce positively that abscess does exist *until* after this accumulation is got rid of, for the tumefaction, swelling, and some of the other symptoms, may be owing to this cause. However, it is not always an easy matter to relieve the bowels of their long imprisoned contents ; powerful purgatives will often fail in doing so, and the medical man, in these circumstances, must not content himself with being told that the medicine operated "very copiously" or "very well;" he should see the evacuations, and if they contain no scybala, he may rest assured the bowels are still unrelieved.

In consequence of the peculiar structure of the large intestines, so calculated to retain within the folds of their mucous membrane, the stercoraceous matters, which at first are compelled to circulate contrary to the laws of gravity, and around which the bowel often spasmodically contracts, allowing merely the liquid fæces to pass off, and conveying the idea of the intestinal canal being completely emptied, the scybala remain, and not unfrequently produce, by the irritation their presence occasions, either inflammation, diarrhœa, or other accidents. To relieve this state of things, laxatives, combined with opiates, counter irritants, emollient enemata, &c., must be administered. Occasionally more energetic antiphlogistic measures may be required; for instance, bleeding, blistering, &c.

When these measures have proved successful in completely emptying the bowels, the existence of the abscess will be ascertained, by the symptoms which usually accompany it, assisted by an examination of the iliac region, where, by the touch, we will generally be able to distinguish a swelling more or less marked in proportion to the advance of the disease. The patient will have some difficulty in walking, there is a limping and inclining forward in the gait, a sensation of weakness and fatigue is experienced on the least exertion ; there is a dull pain generally fixed in one spot, extending upwards and backwards occasionally to the loins, and shooting down to the thighs ; the knee of the affected side is bent and elevated in the recumbent posture, so as to relax the psoas and iliacus muscles; the skin is harsh and dry, pulse generally quick and wiry, sometimes full; the tumefaction and swelling in the iliac region, sometimes ill defined, will be dull on percussion, and convey a sensible impression to the hand, when the patient is made to cough. It will be necessary, in our diagnosis, carefully to distinguish this symptom from distention of the cœcum by gaseous products ; in the latter case the sound on percussion will be loud and sonorous. The patient in bed lies towards the side affected, and in this way experiences little or no pain, which, however, the erect posture and walking

invariably bring on. This combination of symptoms can scarcely leave any doubt as to the real nature of the disease, and if, together with these, accurate measurement should develope marked difference in size, and fluctuation can be distinguished, no further proof can be necessary. If the patient is of a plethoric habit, and not suffering under hectic symptoms, I would recommend full blood-letting from the arm, in addition to this frequent topical bleedings either by leechings or by cupping, (I give the preference to the latter in an adult subject.) A combination of Iodine with the Iodide of Potassium, in the proportion of ten grains of the former to from twenty to thirty grains of the latter, in an eight ounce mixture, half an ounce of which may be taken three times a day, I found exceedingly useful. Iodine ointment may be used externally to the tumour, though I should not be inclined to place much dependance on it; purgatives should be frequently administered, as well as small doses of blue pill. Squills and digitalis, to excite the activity of the absorbing and secreting systems; these with a suitable combination of tonics, as the matter becomes absorbed, will be attended in all probability with the most happy results. In the treatment of this disease it is of the greatest importance to avoid, if possible, the necessity for an operation or opening of the abscess, as experience has fully proved, that this is always attended by most dangerous exacerbation of the symptoms, and commonly leads to a fatal termination. If unfortunately the disease has made such extensive progress, as to leave no hope from the enormous accumulation of matter of its removal by absorption, and the necessity of opening it is apparent, a small opening with the lancet in the most depending part of the tumour should be made, the matter should not be pressed out, but allowed as it were to drain away; attention must be paid to the constitutional disturbance, which at this advanced stage of the case, will no doubt be attended by hectic symptoms; tonics and restoratives will be required to support the system. Mild laxatives may be administered with advantage, and should local inflammatory symptoms supervene, they should be combated by repeated leechings and emollient applications. In this way I succeeded in saving the life of a child residing at a distance in the country, and who had been roughly handled some few weeks before by a noted bone-setter, who persuaded the parents that the child had a dislocation of the hip joint.

The abscess in this instance was of enormous dimensions, extending from the right lumbar and iliac regions to a considerable distance down the thigh. The child was exceedingly emaciated, and from its appearance I considered its recovery impossible. He, however, perfectly recovered, and was brought to me a few months after on account of severe ophthalmia.

C. C.

Craig Street, 20th April, 1844.

REPORT OF DR. SKENE ON LEPROSY.

Continued from Page 83.

The points still at issue, connected with this Disease, relate to—

1st. *Its peculiar nature:*	4th. *The Diagnosis:*
2d. *The Pathology:*	5th. *The Prognosis:*
3d. *The Causes:*	6th. *The Treatment:*

The remarks which I am enabled to make on these subjects, are far from being complete; but being the result of individual observation and reflection, may be taken for what they are worth.

With regard to the first point I am led to think, that the primary cause, of all the symptoms detailed in the foregoing cases, and also of the others submitted to our inspection, was a morbid principle, *sui generis*, known only by its effects, which most probably resides in the blood, the common *pabulum* of the organs, being generated therein, by a *virus* which, when once introduced, reproduces itself, and by degrees transforms the normal elements of blood into new compounds, which contaminate the whole system and control the inervation and all other vital influences, the most prominent symptom being a perversion of nutrition, together with the secretion of new products in the tissues of organs.

The determination of the specific chemical changes and the attendant anatomical lesions must necessarily be left to the Medical Officer who will be appointed to superintend the infected districts. It is also desirable that experiments be instituted upon the lower animals, as to whether the morbid poison can be introduced into the system through wounded surfaces, or by absorption from the Stomach. As bearing upon this point, I may state that, while at Tracadie, I was told that a case had been produced by sanious matter, which had escaped from the coffin of a person deceased of this malady, and which had come into contact with the shoulder of one of the bearers.

2d. As to the *Pathology.*—Having had no opportunities of making *post mortem* examinations, I refrain from making any remarks upon this subject, farther than to refer you—*First:* To my general views in regard to the peculiar nature of the Disease, and—*Second:* To what may be gathered from the cases which have been detailed.

3d. In regard to the *causes of Tubercular Leprosy.*—I have already said that the Disease, in my opinion, depends upon the introduction into the system of a specific morbid poison, and the question comes to be—*First:* How this poison originates? and—*Second:* As to how it is communicated? As has been stated, there are no means of deciding upon the mode in which Ursule Landrè first contracted the Disease, but

no doubt rests on my mind but that it has since been from her communicated by hereditary taint, and by contagion.

[Here follows a genealogical chart showing the facts from which the first of these conclusions is drawn, but we omit it because of the space which would thus be taken up in our already crowded pages.—*E.M.G.*

After all, perhaps, hereditary transmission may be only a peculiar modification of contagion; at all events, the one is not opposed to the other, and I do not think that the Disease which is at present local or endemic, is likely ever to become epidemic, for as appears by the Report of the Guadaloupe Commission, in 1748, "The contagion is not so active nor poisonous as that of the plague, small pox, nor even as the ringworm, itch, scald, and other cutaneous disorders; for if that were ever the case, the American Colonies would be utterly destroyed."

The facts stated above will also shew that all those brought into direct contact with the Disease, and all those immediately connected with the sources of the malady, do not necessarily become affected with it, so that I am forced to conclude that, in the cases which became affected, there existed either some intrinsic constitutional peculiarity which predisposed them to the Disease, or that they were exposed to certain extrinsic causes, which rendered them peculiarly liable thereto.

I do not pretend to decide upon the intrinsic causes, but those which Authors suggest, are—*Depressing mental affections*, *age*, and *sex*. In regard to the first of these heads, I have only to say, that our examinations afforded us no evidence worthy of special notice, and concerning the second, I have to remark that the ages of the patients we saw, varied from eight to forty-nine years, and that, whereas Mr. Stewart's cases, quoted by Dr. Copland, (Page 706 of his Medical Dictionary,) go to prove that women are less liable to this malady than men, our observations shew that the male were to the female cases in the proportion of twelve to seven; so that on the whole, perhaps, I am justified in saying that both sexes are equally susceptible of the contagion.

The extrinsic causes cited by Authors are *indigence*, including *filth*, *exposure* to *extreme temperatures*, *diet*, either *scanty* or *unwholesome*, together with *miasmata* generated in the soil or subsoil.

I have no doubt but that indigence, filth and scanty diet predispose to contagious diseases of every description, and whether in this instance unsound Wheat, Rye, Potatoes or Fish are to be blamed, I regret to say, that my opportunities did not allow me to determine; however there is strong reason to believe that the Fish, which forms the principal article of diet of the people in the infected districts, is often in a state of decomposition before being salted; but supposing, as is asserted, that in imperfectly cured Fish there is a special organic poison, the opera-

tion of boiling ought, most probably, to render it innocuous. With reference to the miasmata and the Geological structure of the districts in question, I have reason to believe, that there is nothing particular.

4th. *The Diagnosis.*—On referring again to Dr. Copland's definition of this Disease, it will be seen that in the advanced stages, the symptoms are so well marked, that little difficulty can occur in detecting it; while in the earlier I can only say, that the peculiar *tawny* discoloration of the palate and fauces, appears to me (in the absence of Tubercles) characteristic of the malady. It cannot be confounded with Scrofula, inasmuch as this latter symptom is never present ; nor with Survy, inasmuch as there is no tendency to local hœmorrhage ; nor with Syphilis, which is originally a local affection ; nor with Dry Gangrene, which chiefly affects the larger joints, (vide Doctor Charlton Wollaston's cases, recorded in the Phil. Trans. abridged, Vol. XI. page 626.)

5th. *The Prognosis.*—I am again obliged to say, that while our opportunities of observation do not allow me to bring forward any thing definite upon this head, and while ancient Authors uniformly return the Disease as incurable, the view which I have taken of the malady leads me to hope that the assimilation of the *virus* may probably be accelerated and accomplished before the constitution has given way, that is, before organs essential to life have become irremediably obstructed ; the external evidence of this fatal state being intimately connected with the development of tubercles in the superficial tissues.

6th. *The Treatment.*—This is either *active, palliative, sanatory* or *preventive.* With regard to the first two, the Commission did not feel authorized to offer any observations to the Government of New Brunswick ; while in respect of the latter two they unanimously recommend the erection of a Lazaretto, strict seclusion of the Lepers in this establishment, and Legislative sanction for the removal of those patients who, while Medical authorities were adjusting their differences, might introduce the seeds of a most loathsome malady into one of the most populous districts (Chatham) of this flourishing Colony.

Before concluding this paper, I would beg particularly to refer you to "An account of a visitation of the Leprous persons in the Isle of Guadaloupe, by John Andrew Peyssonel, M. D., F. R. S., translated from the French, dated August 10, 1748, reported in the Phil. Trans. abridged, Vol. XI. Page 74.

I have the honor to be, Sir,

Your obedient humble servant,

A. H. SKENE,

A. S. 51*st.* L. I.

FOR THE MONTREAL MEDICAL GAZETTE.

CARBUNCLE, PUSTULE MALIGNE.

16th May, 1844.—F. X. P., a stout, healthy man, of sanguine temperament, butcher by trade, applied for advice, in consequence of a swelling that had closed his right eye, and was spreading fast over the forehead and down the cheek: thinks he has been bitten by a spider in the night, (mordu par une araignée) ; slight heat; little discoloration; occasional stinging pains in the eye-lid; no appreciable constitutional derangement. Applied six leeches, two of which only drew a little blood; the part to be kept constantly wet with cloths saturated with a warm solution of acet. plumbi, dry cotton wool over it to *retard evaporation*. A laxative was ordered, but not taken.

17th, 8, A.M.—Was sent for in haste ; swelling much increased, as well as the heat of the part, but the pain and redness not quite in same proportion. Considerable headache; eyes red; face flushed ; skin hot and dry; tongue foul, white, with a red margin ; great thirst; respiration hurried; pulse 125, small and rather hard; urine scanty and high colored. V. S. xvi. oz. ch. hyd. pulv. jalap aa. x gr. to be taken immediately; nit. pot. drs. 3 pulv. ipecac. gr. x, to be put in a pint of toast water, one table spoonful every ten or fifteen minutes, to promote nausea and diaphoresis. A large thick poultice of coarse stale bread, with brewer's yeast, to cover the whole side of the face.

7, P.M.—Swelling increasing; eyelids very red; made several *punctures* with a lancet, (from which blood continued to ooze into the poultice most of the night.) Febrile symptoms not increased; bowels had been moved twice, scantily; cal. and jal. as in the morning; continue nitre and p. ipec.

18th, 8, A.M.—Passed a restless night; swelling extending down to the thorax, and has closed the left eye; lids of right eye livid; febrile symptoms much increased; V. S. x oz., four grs. cal. every two hours; a large blister plaster, ten inches square, between the shoulders; continue poultice, nitre.

12, Noon.—More composed; head less embarrassed.

8, P.M.—Swelling has reached half way down the thorax, but there is less heat; lids of right eye more livid, and studded with vesications. Rather an abatement of constitutional symptoms. The bowels have been moved three times copiously; dejections extremely fœtid; passes much flatus. Acid mur. dilut. fifteen drops in cold water every hour, or oftener, if agreeable; opium and pulv. ip., ea. 1½ gr.

19th, 7, A.M.—Passed a tolerably good night; the first refreshing sleep since the attack. Manifest diminution of all the urgent symp-

toms. Poultices to be frequently renewed, as there is considerable discharge from the lids; continue acid; broth to be taken freely.

12, Noon.—Still improving, but feels languid; a wine glassful of beer to be taken alternately with the acid.

8, P.M.—Feels better, but would like to have another good night. Opiate, as before.

20th.—Has had a very comfortable night. Convalescent.

From this day my patient recovered apace. A narrow slough, an inch long, fell from the upper lid; that from the lower lid much larger, and will, no doubt, at a future day, require the plastic operation, to correct the deformity, though every effort is made to heal the sore by granulation, so as to prevent the contraction of the skin; applications, amply covered with oiled silk, to keep all moist, are used.

A man in the vicinity, a few days previously, had died of the charbon, which caused great alarm to my patient when attacked. From the first I was satisfied this was a case of malignant carbuncle, having witnessed many cases of it while practising in the country. When P. was out of danger, on interrogating him as to the origin of his complaint, he acknowledged that on the Friday evening, five days before the attack, he had killed a cow, which he suspected was diseased, from the *blackness* of the blood, and *unusual heat* of the flesh. He declared that he would use great circumspection for the future in the selection of the cattle he slaughtered.

I entertain not the smallest doubt, had the cow died of the disease with which it was affected, instead of being killed ere it had acquired much virulence, and been skinned by P., that the attack would have been infinitely more precipitate and violent; the period of incubation is short in proportion to the potency of the virus.

So soon as the constitutional disturbance becomes apparent in charbon, the symptoms assume a very violent character, when measures active in proportion are indispensable; never, however, losing sight of the fact, that this disease rapidly runs through its different phases, and the time for decided antiphlogistic treatment is very brief. After depleting copiously, in an hour or two we may be compelled to have recourse to diffusible, and to more permanent stimuli; then tonics and restoratives; when the most prominent marks of phlogosis are over, muriatic acid may be exhibited with the best effects; it is a very grateful refrigerant, and one of our most powerful antiseptics.

I take warm astringent applications to be proper in the early stage; if the part is very red and turgid, small punctures should be made. I am averse to incisions, having known them to be speedily followed by gangrene. Applications, of whatever kind, should be covered with oiled silk, or even thick paper greased, to prevent evaporation, which,

as it were, lays the system under contribution for more caloric. By the way, I am disposed to think, that the time is not far distant when the rage for cold applications, and *evaporating* lotions in particular, will subside, and a more philosophical method will be put in practice in *local* treatment of phlegmonous and other inflammations. The moment the part assumes a bluish cast, it should be abundantly covered with a fermenting poultice, and I know of none so cheap as, or better than, brewers' grains mixed up with strong yeast. But as this is not come-at-able in the country, I was in the habit of using stale bread and leaven, which speedily ferments, and is an excellent dressing.

The moment the excitement is on the wane, I administer opium and ipecac, with the best effect; but it is of the utmost importance that the determination to the brain should first be removed: and for this purpose, directly after a sufficient bleeding, I apply a large vesicatory between the shoulders, and encourage the discharge by bland poultices; this has a most soothing effect, and removes that peculiar jactitation and depression of spirits which characterize the more urgent cases, at the same time, a revulsive action, with regard to the tumid parts, is beneficially established.

The Malignant Carbuncle is a *specific* disease, in the first instance, existing in the domestic animals; among neat cattle in particular, and readily commmunicated by contact, to man; but I know of no writer who has stated that it could afterwards be conveyed by the person affected to any individual in communication with him. I have never known nor heard of an instance of the kind, nor does any such impression exist in the minds of people, who are always sufficiently ready to imbibe false notions, and give easy credence to any marvellous tales about contagions. But I am in candor constrained to say, that that great and good man, Baron Larrey, seems to entertain the idea, that one human being may infect another with the disease. In his most interesting and instructive "*Chirurgie Militaire*," vol. I, Page 111, he says: "*La contagion a souvent lieu d'homme à homme, et elle se communique au contraire très subtilement de l'animal a l'homme; aussi frappe-t-elle frequemment les bouchers.*" I am with equal truth compelled reluctantly to remark, that the celebrated Baron in his "*Memoire sur l'anthrax*," has not evinced his usual analytical talent. He looks upon anthrax merely as a milder form of carbuncle or "*la pustule maligne.*" In my humble opinion they are manifestly two distinct diseases; and they cannot be traced to contagion; it obtains almost invariably in debilitated subjects, whose constitutions have been worn down by inebriety and other excesses, as well as by care and privation. It therefore almost constantly requires a stimulant and tonic treatment at the very onset. Whereas "charbon" is the result of infection from

the brute; the subjects generally plethoric and in high health; the attack is sudden, and when contracted from the dead animal, death ensues after an awfully short period. Depletion at once is to be resorted to, if not, scarcely can recovery be expected from any subsequent treatment.

The epizootic disease is occasionally very rife in the grazing parts of Southern France. LARRY met with it in its worst form in the province of Trinli, in Italy, in 1797. There is an excellent account of the same epizootic in the 21st No. of the Edinburgh Journal, which ravaged the Island of Grenada in 1783. We cannot say that it is epidemic in Canada; there are many instances where the whole stock on one farm has been carried off by it, whilst the neighbours remained unscathed. The Nuns on their farm opposite St. Pierre, a few years since, lost the whole of their fine milch cows. Sporadic cases are not uncommon.

From memory I could give the particulars of several other cases of this alarming disease, which were treated in the same way as that stated above of P. and with equal success, wherefore it may not be deemed impertinent should I suggest a similar mode of procedure to such of the Profession as may not have had equal experience in this always distressing and too often fatal complaint.

W. NELSON.

Montreal, 17th June, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Should you deem the following notes of a case of imperforate uterus occurring in a second pregnancy, worthy of a place in your journal, their insertion will oblige

Your obedient Servant,

R. H. WIGHT, M. D.

On the 29th October, 1842, at noon, was requested to visit Mrs. S——, æt: 28, a stout built Irish woman, in labor of her second child; was informed by the midwife that she had had strong pains the preceding evening, and that there was no shew. On examination I found the pains urgent and powerful, and bearing down a round, tense, globular tumor into the vagina, giving the impression of the child's head forcing down the uterus before it. Every part of the vagina was carefully examined. without discovering the os uteri; the head being low down facilitated the thorough examination of the canal and contents. About the spot where the os should be, was felt a firm hard point, with three lines or ridges diverging from it, one towards the

sacrum, and the other two laterally towards each groin. To the fingers these felt like cicatrices, and on enquiry was informed by the patient, that, "while in Toronto two years ago, she fell down stairs in the 4th month of her first pregnancy, was immediately seized with pain and flooding, which lasted for two days; when, not getting better, a medical attendant was called, who without any delay applied instruments and delivered; the application of these produced great pain, and was followed by dreadful flooding, fainting, &c. &c., from these she rallied, and after enduring great pain and fever for some days discharged purulent matter along with the lochia; for many months this discharge continued in diminished quantity, but never disappeared, even when the catamenia came on, which was every month; has not seen any matter since this second pregnancy." The pains being very strong and frequent, it was resolved, in consultation with Dr. Griffin (now of Quebec) and Dr. Black, to quiet them as far as possible by opiates given by the mouth and rectum, till further aid could be had, or nature perform her own *cure*. The patient was closely watched, and on examining her, the os uteri was often sought for, lest it should be high up towards the prom. sacri, as in cases of anterior obliquity of the uterus, but in vain.

During afternoon and night the pains were almost stopt by the opiates, and she dozed a little; at 7, A. M. they returned in former frequency and strength, and at noon were accompanied by such bearing down as threatened a rupture of the womb. The opiates were repeated and rejected. While supporting the uterus against the force of the pains, my fingers happened to be on the point before spoken of, when suddenly I felt something tear under them, and after a couple of pains passed the point of the index finger into the rent which had taken place close to the point, and was now made larger and larger by each successive pain, producing three rents in the same direction as the three lines before described; these rents had rough edges, and bled very little. At 5, P. M., the opening being sufficiently large, the waters burst; the head not advancing any for three hours, and the patient complaining of giddiness and headache, the forceps were applied, and the cure terminated by giving birth to a full sized healthy child. The extraction of the placenta gave no trouble, nor during the whole labor was there flooding. In 10 days she was up and about her house, with only a slight purulent discharge, which entirely disappeared in another week.

St. Johns, C. E., 23d May, 1844.

THE MONTREAL SELF-SUPPORTING DISPENSARY.

In submitting to the public the first Report of the Montreal Self-Supporting Dispensary, the Managers feel that they have great cause to be thankful to an all-wise and bountiful Providence, in having permitted their labours, limited as they may appear in the first instance, to have been productive of such an amount of good, and to have been accompanied by so much actual comfort to the individuals in whose behalf they have been employed.

As it was contemplated, on originating the Institution, many of the patients have been so circumstanced, that it would have been quite impossible to have removed them from their families, with a view to sending them into Hospital, children under eight years of age forming a large ratio of the patients; and it is quite unnecessary to remark upon the amount of actual misery and destitution that the Managers have had opportunities of daily witnessing, in the discharge of their professional duties, and from which circumstances of various kinds prevented the possibility of separating the sufferers.

It is a source of great congratulation to the Managers to state, that the utmost satisfaction has been expressed, both by the patients, with reference to the assistance afforded to them at the Dispensary, and by the subscribers, who have, through this channel, been enabled to render real service to their destitute neighbours, at so trifling an expense. The best proof, indeed, of the labours of the Managers having been appreciated, is derivable from the facts, that many of the patients have applied a second, and some even a third time, for different ailments, during the short period that the Dispensary has been open, and also, that several of the original subscribers have required a second supply of tickets.

From the 1st of October, 1843, to the 1st June, 1844, 274 persons have availed themselves of the benefit of the Institution, of whom 132 have been attended at their own homes; and to some of these, two, and even three, visits were paid daily; independently of between 20 and 30, who, from not having been furnished with subscribers' tickets, or recommendations from their Clergy, have been considered as casual applicants; advice or medicine at the time being all they required.

Of the gross number of cases, there have been discharged: Cured, 183; relieved, 27; dead, 12; sent into Hospital, 5; sent to the Lunatic Asylum, 1; who did not return, 2; discharged as unfitting objects, 1; children vaccinated, 23; still under treatment at the date of the Report, 20.

Of the same number, 137 belonged to the Church of Rome; 105 were members of the Church of England; and 34 of the other religious denominations in this city.

Of this number, also, there were :

Under 2 years of age,.....				40
From 2	"	to 8 years of age,		42
From 8	"	to 20	"	24
From 20	"	to 30	"	66
From 30	"	to 40	"	50
From 40	"	to 50	"	29
From 50	"	to 60	"	14
From 60	"	to 70	"	9

In the deaths were comprised cases of

Pulmonary Consumption,.....2
Inflammation of the Lungs,.....1
Chronic Bronchitis,..... 1
Disease of the Heart,.....1
Hydrocephalus,.....1
Hooping Cough, complicated with Disease of the Brain,..... 1
Cancer of the Tongue,.....1
Marasmus,.....1
General debility, or Asthenia,.....1
Ulceration of the Bowels, with the formation of Artificial Anus,.....1
Phrenitis from Concussion,.....1

Shewing an average of nearly 1 in 23; which, taking into account the nature of the diseases, and the unfavourable circumstances in which many of the individuals were placed, must be considered exceedingly small.

SUMMARY OF DISEASES TREATED AT THE DISPENSARY.

Diseases of the Brain and Nervous System, including Intermittent and Remittent Fevers,.....		27
"	Organs of Respiration,.....	53
"	Heart and Organs of Circulation,.....	10
"	Organs of the Digestive Apparatus, including continued Fevers,.....	84
"	Skin,.....	8
Surgical Diseases,.....		56
Female Complaints,.....		12
Debility, or Asthenia,.....		1

(Signed) A. F. C. T. Arnoldi,
F. Badgley,
Wm. Macnider,
P. Monro,
H. Nelson,
W. Sutherland.

1st June, 1844.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, JULY 1, 1844.

It was truly remarked by Dr. Clutterbuck, in one of his admirable lectures, "that the progress of our art is impeded by the mystery in which it is involved; that the public know hardly any thing of its real nature, and think it consists merely in the exhibition of nauseous drugs."

Daily experience abundantly proves, that so long as any particular theory or art is enveloped in a certain degree of mystery, so long will the supporters of that theory, or the practitioners of that art, be able to carry on their covert dealings, and impose upon the unwary, the partially educated and the ignorant portion of mankind, with a certain degree of success; and each sect will continue to exercise their sway, until, by some unlucky accident, some new doctrine is broached, which, in its turn, conveys to the minds of the same portion of humanity some most extraordinary illuminating influence, and which all of a sudden satisfies them that all their previous opinions were founded in error; or perhaps exhibiting some more captivating feature in its mode of mystifying its victims, succeeds for a time in carrying to their empty brains an amount of conviction, that *this* last and its advocates can alone be right, and that all others must of necessity be wrong. Medicine, practised purely as an art, as a *moyen de vivre*, by clever but designing and inconsistent men, affords the most abundant field for carrying on these deceptions. Every one can feel pain; every one is forced to submit to the inconvenience, if not to the distress, induced by faulty performance of function, or absolute organic lesion. Such an one seeks not to know the cause of this inconvenience or suffering, unless it be to such an extent as actually to make him dread that death is becoming too near a neighbour of his own tabernacle of clay; he flies for relief; it matters not to him, whether he obtain it from an educated or ignorant man, so long as the painful sensation is removed—*that* is the ultima thule of his wishes—that is the one thing needed—

and for that he is prepared *at such a moment*, to pay. He cares not whether it be effected by the result of hours of deep study, by potations of water, varying from 10 to 30 pints at a time, or by a grain or two of sugar of milk, administered with an air of the most pertinacious effrontery; he has swallowed the dose, he has paid for it, and a short time suffices for the trial of the experiment. Such must continue to be the case as long as persons in a certain station of society, from whom, in consequence of previously received education, (albeit it may have been small in amount,) or who, from their whole time being engrossed in the frivolities of civilized life, cannot or will not allow their mind (that grand characteristic feature between God's noblest work and the brute,) to reason upon, or be educated upon, the natural course of cause and effect; and as long as they refuse to admit, that the most interesting study in nature is the study of man, so long then, we assert, will this baneful influence be exercised over society at large.

These remarks have been called forth, in consequence of its having come to our knowledge, that within the last month some half a dozen or dozen (we care not for the number, if there were but one,) of the patients in the Montreal General Hospital have been entrusted to the care (tender, no doubt, considering the weapons used,) of an individual practising homœopathy in this city. Now, with regard to this gentleman's professional qualifications, we know nothing; we heard him assert, that he had studied his profession according to the old system, but that, from "*conviction of the incorrectness of its principles, he had become a disciple of Hahneman.*" We accord to him, and to every one, our full permission to be a follower of the original minded Hahneman, or of the veriest quack in the world; but this (having some regard for consistency) we will *not* accord to him, without remarking upon the paradox, that, to suit his convenience, he shall offer, while sailing under the colours of his reputed patron, to treat patients homœopathically, allopathically, or perhaps hydropathically, just as *they* shall choose. No, no; our own impression is, that the practitioners of homœopathy practise too much under *dollaropathic* influences, as long as any dollars may be forthcoming; and, should a crisis arrive, and this secretion be checked or exhausted, their patients are then permitted to adopt any other "*pathy*," for the assuagement of their feelings, however *dolorous* these may have become. We do not write

unadvisedly ; we could detail some curious histories of this description, which have come under our own immediate knowledge in the largest metropolis in the world, as well as in this city of ours. We may, perhaps, on a future occasion, be tempted to lay some of these curious and instructive cases before our readers. Such, then, being the case, we ask what was the object in intrusting to the care of an individual, who has not yet quite made up his own mind as to what he practises, cases in an Hospital, the governors of, and subscribers to which, certainly entertained the opinion, (however erroneous it may be regarded by the advocates of Hahneman) that their contributions were to be consecrated to the treatment of diseases, according to generally recognized principles ? Were the Governors consulted as to the propriety of adding to the Medical Staff of their Institution ? or were they invited to behold the miracles to be wrought, or the fallacies to be exposed ? We regret that such a step has been taken by the present Staff of the Hospital, presuming, as we do, that they must have sanctioned it in a body ; and, setting aside all private considerations, we regret it the more, because such a step must necessarily bring down a certain amount of discredit upon one of the most valuable Institutions in the country ; and, what is of even greater consequence to our profession, a suspicion of the confidence entertained by the Medical Officers themselves in their own principles of treating disease. In conclusion, we declare our full belief, with all educated practitioners of our art, that many Medical men, instead of acting as the handmaids of Nature, and pursuing a legitimate expectant system, too often, by their desire to do too much, or to perform professional miracles, do mislead Nature entirely, and get themselves into a perplexity ; and, at the same time, we protest with all our power against the preposterous absurdities vomited forth by Hahneman and his followers,—and of these, none more absurd than that all diseases of a chronic kind depend upon the presence in the system of the poisons of " itch or syphilis." We wonder what the female clients of Hahneman would say to an *allopathist*, were he to declare this axiom to them. Verily, he would be scouted as one of the most brutal monsters in the world ; and yet " La Doctrine Homœopathique," without distinction or qualification, pronounces this judgment against them.

We may be accused of prejudice, of narrow-mindedness, perchance

of ignorance, with regard to this new doctrine; but we are quite prepared calmly and dispassionately to "prove" the absurdity both of "the theory and practice of homœopathy," from beginning to end, and determined, moreover, to "hold fast that which is good," we are so far consistent as to affirm, that *we* believe in no other system of therapeutics, but that which is based upon *sound physiology* and *sound pathology.*

In taking leave of the "Homœopathic Practitioner of the city of Montreal," we must beg the favour of his furnishing us with the locales of the "*ten Homœopathic Hospitals and Dispensaries*" which he stated in his first lecture to the members of the Mechanics' Institute, existed in London. They certainly did not exist, to the best of our knowledge, up to the 20th March, 1843.

The Boston Medical and Surgical Journal of the 12th June last, contains expressions so flattering to ourselves, and good wishes so cordial to our publication, that although we may incur the risk of being charged with possessing a very remarkable developement on the vertices of our heads, nevertheless, as coming from the learned and very able conductor* of one of the longest standing, most popular, and most widely circulated of our contemporaries in the United States, we cannot refrain from transcribing the notice of our friend, (we hope we may be permitted to use the term) into our pages.

Montreal Medical Gazette.—Recently, soon after the publication of the second No., we were presented with specimens of the Montreal Medical Gazette. It is published monthly by Messrs. Lovell & Gibson, and confided to the editorial guidance of Francis Badgley, M. D., and William Sutherland, M. D., both residents of that city. Dr. Badgley, whom we have the pleasure of knowing personally, is a man of distinguished professional attainment, with zeal and enterprise, to meet all contingencies, till the Gazette is fairly established on a substantial foundation. His associate has a reputation for qualities equally necessary and available in commencing a scientific periodical. There are practitioners enough in the British North American possessions to sustain the Journal triumphantly; and if they do not do it, they will certainly excite the surprise of their neighbors in the States. The medical staff of the different regiments quartered at Halifax, Quebec,

* Dr. J. V. C. Smith.

Kingston, Toronto, &c., are abundantly able to render important assistance, as well as patronage. There is one feature in the new Journal that strikes us favourably. It is that the French practitioners report in French, and the English in their vernacular, and thus both are accommodated. In Lower Canada, a large proportion of the physicians cannot speak the English language at all. A Journal, therefore, from which articles in French were excluded, would be of no kind of use to many gentlemen of very eminent medical attainments. We confess ourselves warmly interested in the future success and stability of the Medical Journal of Montreal.

We insert with much pleasure in our present number, the first Report of the Managers of the Montreal Self-Supporting Dispensary; by which it will be seen, that the number of persons who have availed themselves of the benefits of this Institution, up to the 1st June, amounted to no less than 274, independently of between 20 and 30, who are considered as casual applicants, not having been provided with tickets nor recommendations from their Clergy, and who applied only for advice or received trifling assistance for a single time. Of the gross number above stated, 132 have been attended at their own homes.

We agree with the framers of the Report, that "The best proof of the labours of the Managers having been appreciated, is derivable from the facts, that many of the patients have applied a second, and some even a third time for different ailments during the short period that the Dispensary has been open, and also, that several of the original subscribers have required a second supply of tickets."

The Dispensary will, in the course of a few days, be removed to the house lately occupied by the Members of the Mechanics' Institute, in St. Urbain Street, arrangements having been made with the Lecturers of the late School of Practical Medicine and Surgery, for the lower part of that building, for the purposes of the Institution. We may here add, that the services of the Managers have been given since its commencement perfectly gratuitously.

We take advantage of a corner of this month's issue to notice an alcoholic solution of Camphor—*miscible in water*, without precipitation—prepared by Mr. Rexford, chemist, M'Gill Street. We have prescribed it fre-quently with happy results, and can confidently recommend it to our professional brethren.

The Lecturers of the late School of Practical Medicine and Surgery, encouraged not only by the unexpected success that attended their first session, but assured of increased numbers of pupils for the coming one, have determined to offer additional inducements to the students of Medicine in this portion of the Province, to attend lectures; and with this view, they have taken the large house lately occupied by the members of the Mechanics Institute, in St. Urbain street, where, with much increased space, they will be able to afford increased accommodation for the different classes, and for all the other purposes of the School.

It would be premature to detail the various arrangements already made and to be made for the succeeding campaign; suffice it to say they are such, that do credit to the respective Lecturers, who have engaged in carrying them out, and to the disinterested and spirited individuals who have taken a part in bringing about the contemplated improvements, which will be novelties in Canada.

It afforded us much sincere pleasure to read in the *Toronto Herald* of the 13th ult., (forwarded to us by a valued Toronto friend and subscriber,) a requisition, signed by twenty-five of the most respectable and influential Members of the Profession, resident in Toronto and the Home District, calling upon their brethren to meet them at the General Hospital, Toronto, on the following Monday, the 17th, for the purpose of establishing a Medical Society. We take some little credit to ourselves for having been the originators of the Medico-Chirurgical Society of this city, and we hail with great delight the establishment of a sister Society in Canada West. Our most hearty and cordial wishes accompany this announcement for the realization of the project, as we are convinced, it is by such means that not only will the science of our Profession be advanced, but also, that our mutual interests and the respectability of our body will be much enhanced.

Since the above was in our publishers' hands, we have had the happiness of learning, that the meeting advertised for the 17th instant at the Hospital, Toronto, has taken place, and terminated in the formation of a Society, under the name of "The Toronto and Home District Medico-Chirurgical Society, the sole object of which is, and shall always be, the dissemination and improvement of the various branches of Medicine, and the collateral Sciences." We repeat the assurance of our most cordial good wishes for its stability and success.

We are requested to repeat the notice inserted in our last number, that in accordance with its Bye-Laws, the meetings of the Medico-Chirurgical Society of this City will be held on the first Saturday of each month, until that of October next, when they will occur once in each fortnight till the 1st May following. Non-resident members of the Profession are requested to favor the Society with their attendance, and, when agreeable to themselves, to take part in its public business, on the occasions of their visiting Montreal.

We exhibit on the cover of our present number, the names of the Subscribers of the *Montreal Medical Gazette*; this list contains—1st, the names of those gentlemen who have given us the most substantial proof of their intentions, by having forwarded to our Publishers the amount of their subscriptions: 2nd, of those, who have, by letter or vivâ voce, authorized the insertion of their names where they are placed; and 3rd, of those, who, by not having returned the previous numbers issued, leave us to infer, that they wish to be considered as subscribers, and have only waited for a favorable opportunity of informing us to that effect. Among the very small number of copies returned, some bore neither the names of the gentlemen who sent them, nor of the places at which they were posted; should these gentlemen find their names still on our list, we beg that they will do us the favor to return this number, with their names either on the wrapper or on the cover of the Journal itself, and the error shall be corrected.

NOTICES TO CORRESPONDENTS.

Dr. C. Hall's communication from Burlington, will appear in our next.

Dr. Molloy, of Plattsburg, will find his communication in the August number, being received too late for the present one.

Several of our friends in the country will hear from us by post.

M. D. is unavoidably postponed.

Dr. Racey's case of Ostes Sarcoma in our next number.

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Telfer, Dr., Toronto.
Thomas, Dr., Hamilton.
Trowbridge, Dr., Buffalo.
Turcot, Dr., St. Hyacinthe.
Trudelle, Dr., Nicolet,
Turcot, Dr., Berthier.
Taché, Dr., Kamouraska.
Teesdale, Dr., Rivière à la Grèce.
Trudeau, Dr. M., Montreal.
Taché, Dr. Et., St. Thoma's near Quebec,
Tonaugeau, Dr., Quebec.
University of M'Gill College,
Viger, Dr., St. Jacques.
Von Iffland, Dr., St. Michel d'Yamaska.
Voyer, Dr., Lavaltrie.
Valois, Dr., Pointe Claire.
Varey, Dr., Niagara.
Weilbrenner, Dr., Boucherville.
Workman, Dr., Toronto.
Wylie, Dr., Prescott.
White, Dr., St. Johns.
Wilson, Dr., Chambly.
Wright, William, Montreal.
Winne, Dr., Buffalo.
Worthington, Dr. E., Sherbrooke.
Wolff, Dr., Quebec.
Wilson, Dr., Brockville.
Wyner, —, Hamilton.
Wood, G. C., Cornwall.